

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY
BEFORE COMPLETING THE ATTACHED PAPERWORK.**

WHO CAN FILE FOR SUPPORT?

- You can file for support if you are 18 years of age or older for yourself and/or a child in your physical custody;
 - If you are a minor, you can still file for support however a parent or guardian must accompany you to all support appointments, conferences and hearings;
- You can file for support for yourself if you are married, regardless of your age;
- You can file for support for a child with a disability regardless of the age of the child.

The Butler County Domestic Relations Section is linked to a statewide child support system known as PACSES. The information you provide today will not only help this office in properly setting up your case, but will also help with future developments of your case.

Domestic Relations must have the information we are requesting of you now to establish your case. When possible, the DRS may attempt to obtain and confirm information over the telephone in an effort to avoid delaying your application for support services or to keep you from having to appear for an appointment. Once all correct information is received, Domestic Relations will establish your case and schedule a conference if required. You will be notified by Court Order of the date and time to appear. If further information is needed, you will be contacted for a possible appointment.

If you desire to have an attorney present, it will be your responsibility to notify your attorney of the date and time of the support conference.

You are the **Plaintiff** if you are the person filing to receive support. The person you are filing against is the **Defendant**.

FOR OFFICE USE ONLY:

PTS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TANF:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCATION INFO. FORM:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONFIDENTIAL:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONFIDENTIAL DUE TO FV:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLAINTIFF'S INFORMATION:

You are filing for: Child Support ☐ Spousal Support ☐ APL (A divorce must be filed to check APL) ☐

Demographics:

Full legal name: _____ Suffix: _____

Maiden/Other Names: _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State, Country)

Sex: Male ☐ Female ☐ Other ☐ Race: _____

Height _____ Weight: _____ Eye color _____ Hair Color _____

Mother's Maiden Name: _____ Is she still living? Yes ☐ No ☐

Mother's Address: _____ Phone No.: _____

Father's Name: _____ Suffix: _____ Is he still living? Yes ☐ No ☐

Father's Address: _____ Phone No.: _____

Verbal Language: _____ Form Language: _____

Contact Information:

Preferred Method of Contact: Phone ☐ Email ☐ Mail ☐

Mobile Phone: _____ Home Phone: _____ Business Phone: _____ Ext. _____

E-mail Address: _____

Concern for Violence: Yes ☐ No ☐ Need for confidential address: Yes ☐ No ☐

Address: _____ County: _____

City: _____ State: _____ Zip code: _____

Additional Member Information:

Military Status: Active Duty ☐ Reserves ☐ National Guard ☐ Veteran (Retired/Separated) ☐

Are you receiving cash assistance? Yes ☐ No ☐

Employer Information:

Employer Name: _____ Contact Name: _____

Employer Address: _____

Employer Phone Number: _____ Start Date: _____ Is Insurance provided? Yes ☐ No ☐

Who does your Payroll? _____ Pay frequency: _____

Self-employed? Yes ☐ No ☐ Occupation: _____

Attorney Information:

Attorney Name: _____ Attorney Address: _____

DEFENDANT'S INFORMATION:

Demographics:

Full legal name: _____ Suffix: _____

Maiden/Other Names: _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State, Country)

Sex: Male ☐ Female ☐ Other ☐ Race: _____

Height _____ Weight: _____ Eye color _____ Hair Color _____

Any distinguishing marks (scars, tattoos, etc.)? _____

Mother's Maiden Name: _____ Is she still living? Yes ☐ No ☐

Mother's Address: _____ Phone No.: _____

Father's Name: _____ Suffix: _____ Is he still living? Yes ☐ No ☐

Father's Address: _____ Phone No.: _____

Verbal Language: _____ Form Language: _____

Contact Information:

Preferred Method of Contact: Phone ☐ Email ☐ Mail ☐

Mobile Phone: _____ Home Phone: _____ Business Phone: _____ Ext. _____

E-mail Address: _____

Concern for Violence: Yes ☐ No ☐ Need for confidential address: Yes ☐ No ☐

Address: _____ County: _____

City: _____ State: _____ Zip code: _____

Additional Member Information:

Military Status: Active Duty ☐ Reserves ☐ National Guard ☐ Veteran (Retired/Separated) ☐

Employer Information:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Start Date: _____ Is Insurance provided? Yes ☐ No ☐

Who does your Payroll? _____ Pay frequency: _____

Self-employed? Yes ☐ No ☐ Occupation: _____

Attorney Information:

Attorney Name: _____ Attorney Address: _____

MARITAL/PATERNITY INFORMATION:

Marital Status:

Relationship to the Defendant: Divorced ☐ Married ☐ Never Married ☐ Separated ☐ Other: _____

Date of Marriage: _____ City/State of Marriage: _____

Date of Separation: _____ City/State of Last Family Domicile: _____

Date of Divorce: _____ City/State of Divorce: _____

Was the Plaintiff married to someone other than the Defendant at the time of the children's birth? Yes ☐ No ☐

If yes, name of spouse: _____

Prior Support Order Information:

Is there an existing child support order? Yes ☐ No ☐ Is it Open? Yes ☐ No ☐ Date order entered: _____

Case ID: _____ Docket/Tribunal Number: _____

County/State where order was entered: _____

Children for whom support order was established: _____

Support order amount: \$ _____ Arrears amount owed: \$ _____ Last Payment Date: _____

Is there an existing custody order? ? Yes ☐ No ☐ In what County/State? _____

Are you receiving spousal support, alimony or APL from this defendant through a court order? Yes ☐ No ☐

If yes, where? _____
(County, State, Country)

Does the Defendant have any other support cases of which you are aware? Yes ☐ No ☐

If yes, in what city and state? _____

Other Court identifying case or tribunal number: _____

Additional Information:

CHILDREN'S INFORMATION:

Child 1:

Name (First, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State, Country)

Sex: Male ☐ Female ☐ Other ☐ Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity:

Born out of Wedlock? Yes ☐ No ☐ Has paternity been established? Yes ☐ No ☐

How was paternity established? _____

Did the Defendant signed an acknowledgement of paternity? Yes ☐ No ☐ In what county/state? _____

Date of Conception: _____ Conception State: _____ Full Term Pregnancy: Yes ☐ No ☐

Birth Location (Hospital): _____

Birth Certificate on File: Yes ☐ No ☐ Father on Birth Certificate: Yes ☐ No ☐

Child's Relationship to Plaintiff: _____

High School Graduation Date: _____

Child 2:

Name (First, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State, Country)

Sex: Male ☐ Female ☐ Other ☐ Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity:

Born out of Wedlock? Yes ☐ No ☐ Has paternity been established? Yes ☐ No ☐

How was paternity established? _____

Did the Defendant signed an acknowledgement of paternity? Yes ☐ No ☐ In what county/state? _____

Date of Conception: _____ Conception State: _____ Full Term Pregnancy: Yes ☐ No ☐

Birth Location (Hospital): _____

Birth Certificate on File: Yes ☐ No ☐ Father on Birth Certificate: Yes ☐ No ☐

Child's Relationship to Plaintiff: _____

High School Graduation Date: _____

Child 3:

Name (First, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State, Country)Sex: Male ☐ Female ☐ Other ☐ Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity:Born out of Wedlock? Yes ☐ No ☐ Has paternity been established? Yes ☐ No ☐

How was paternity established? _____

Did the Defendant signed an acknowledgement of paternity? Yes ☐ No ☐ In what county/state? _____Date of Conception: _____ Conception State: _____ Full Term Pregnancy: Yes ☐ No ☐

Birth Location (Hospital): _____

Birth Certificate on File: Yes ☐ No ☐ Father on Birth Certificate: Yes ☐ No ☐

Child's Relationship to Plaintiff: _____

High School Graduation Date: _____

Child 4:

Name (First, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State, Country)Sex: Male ☐ Female ☐ Other ☐ Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity:Born out of Wedlock? Yes ☐ No ☐ Has paternity been established? Yes ☐ No ☐

How was paternity established? _____

Did the Defendant signed an acknowledgement of paternity? Yes ☐ No ☐ In what county/state? _____Date of Conception: _____ Conception State: _____ Full Term Pregnancy: Yes ☐ No ☐

Birth Location (Hospital): _____

Birth Certificate on File: Yes ☐ No ☐ Father on Birth Certificate: Yes ☐ No ☐

Child's Relationship to Plaintiff: _____

High School Graduation Date: _____

ATTENTION:

Please make sure that
all lines containing an “X”
are completed and/or signed
on the following pages!

V.

PACSES Case Number:

There ☐ are ☐ are no arrears in the amount of \$_____.

The order ☐ has ☐ has not been terminated.

Plaintiff last received support from the Defendant in the amount of \$_____ on

:-

WHEREFORE, Plaintiff requests that an order be entered against the Defendant and in favor of the Plaintiff and the aforementioned child(ren) for reasonable support and medical coverage.

Date

X _____
Plaintiff or Attorney for Plaintiff Signature

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. C. § 4904, relating to unsworn falsification to authorities.

X _____
Plaintiff

X _____
Date

NOTICE

Guidelines for child and spousal support, and for alimony pendent lite, have been prepared by the Court of Common Pleas and are available for inspection in the Office of the Domestic Relations Section:

124 West Diamond Street
Butler, PA 16001

In the Court of Common Pleas of Butler County, Pennsylvania
DOMESTIC RELATIONS SECTION

Phone: (724) 284-5181

PO BOX 1208, BUTLER, PA 16003-1208

Fax: (724) 284-5422

Application for Child or Spousal Support Services

(please print clearly)

I request child/spousal support services under Title IV-D of the Social Security Act, as amended, from
BUTLER County Domestic Relations Section.

Name of applicant/custodian ☒ _____
(Plaintiff)

Social Security Number (SSN) ☒ _____

Name of non-custodial parent(s) ☒ _____
(Defendant)

☒ _____
Applicant Signature

☒ _____
Date

In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a)(13) of the Social Security Act [42 U.C.C. 666(a)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §§4304.1 and 4353 (a.2). Additionally, you are notified that this information will be used by the Title IV-D program to locate individuals for the purpose of establishing paternity and establishing, modifying, and enforcing support obligations.

FOR OFFICE USE ONLY

Date rec'd in DRS _____

☐ TANF

☐ NON-TANF

☐ IV-E